



# ARIZONA STATE RETIREMENT SYSTEM (ASRS)

## AFFIDAVIT OF PUBLIC SERVICE WITH AN ASRS EMPLOYER INSTRUCTIONS

Phoenix (602) 240-2000  
Tucson (520) 239-3100  
Toll-free (800) 621-3778  
Fax (602) 240-2096  
[www.azasrs.gov](http://www.azasrs.gov)

**Note:** You may only purchase service with a qualified public employer such as a city, county, state, public school, or public university/junior college. You must list employment with only one employer per affidavit and are limited to one purchase at a time.

Return the completed affidavit to the ASRS within 90 calendar days of submitting your purchase request. The ASRS will mail you a cost invoice within approximately 15 business days of receiving a properly completed affidavit.

### Restrictions

- You must have at least 5 years of credited service and be actively contributing to the ASRS or be on ASRS Long Term Disability to initiate a request.
- You may only purchase a total of 5 years of public service credit.
- Service that overlaps with previously earned or purchased time may not be purchased.
- Do not complete this affidavit if you are attempting to purchase service with a non-ASRS employer. Contact the ASRS offices for an *Affidavit of Other Public Service*.
- Do not complete this affidavit if you are attempting to purchase service you previously forfeited from the ASRS. Contact the ASRS offices to submit a forfeited service purchase request.

### Filling Out The Affidavit

#### **SECTION 1 – Member Information**

- Fill in your personal information.
- List your former ASRS employer's information and a human resources contact person currently working for the employer.

#### **SECTION 2 – Employment Information**

- List service by ASRS fiscal years (July 1 – June 30). Use a 20xx – xx format (ex. 2001-02).
- List each fiscal year on a separate line.
- Place an "x" or "✓" for each month worked. You must have worked at least one day in each month.
- For each fiscal year listed, indicate if you worked 20 or more hours per week for 20 or more weeks. If you mark "yes" **and** the service is not more than 15 years old, complete Section 3. If you mark "no," proceed to Section 4.

#### **SECTION 3 – Contributions Not Withheld (Complete only if you answered "yes" to any fiscal year in Section 2.)**

- If you worked 20 or more hours per week for 20 or more weeks during a fiscal year within the last 15 years, your employer may have made an error and possibly should have withheld retirement contributions. Further details are provided in the enclosed *Contributions Not Withheld Fact Sheet*.
  - Check the box indicating the ASRS should mail you a *Contributions Not Withheld* form. You must bring the form to your employer for completion.

**OR**

- Check the box indicating you are enclosing a *Contributions Not Withheld* form completed by your employer (or a letter from the employer with the same information the *Contributions Not Withheld* form contains).

**OR**

- Check the box indicating you do not have sufficient proof to prove hours and salary.

#### **SECTION 4 – Statements of Understanding, Signature and Notary**

Carefully read each statement of understanding. This affidavit must be signed and notarized. Your signature confirms understanding.

### Contact Us

If you have any questions, please contact an ASRS Member Services representative by e-mail at [askmac@azasrs.gov](mailto:askmac@azasrs.gov), or by phone at (602) 240-2000 in Phoenix, at (520) 239-3100 in Tucson, or at (800) 621-3778 outside metro Phoenix or Tucson.



**ARIZONA STATE RETIREMENT SYSTEM (ASRS)**  
**AFFIDAVIT OF PUBLIC SERVICE WITH AN ASRS EMPLOYER**

Social Security Number	Member Name (Last)	(First)	(Middle Initial)
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**SECTION 3 – Contributions Not Withheld (Complete this section only if you marked “yes” in Section 2.)**

Read the Instructions for **SECTION 3** to see if this applies.

Please check one of the following:

- ☐ I believe a Contribution Not Withheld (CNW) error occurred during the time listed in Section 2. I am requesting the ASRS mail me a *Verification of Contributions Not Withheld* form that I will bring to the employer for completion.
- Or**
- ☐ I am enclosing a *Verification of Contributions Not Withheld* form completed by the employer or a letter from the employer including salary and hours worked per fiscal year.
- Or**
- ☐ I do not have sufficient documentation to prove both hours and salary **OR** my request is for time more than 15 years ago. I understand, therefore, that this request will be processed as Other Public Service Non-participatory with an ASRS employer.

**SECTION 4 – Statements of Understanding, Signature, and Notary**

By my signature below, I certify that I have read and understand the following:

- Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes § 38-793.
- This transaction is subject to audit. If any errors or misrepresentations are discovered as a result of an audit, my total credited service with the ASRS will be adjusted as necessary and, if I am retired, my retirement benefit will also be adjusted. Any overpayment(s) will be refunded; however, if a payment made with a rollover or with pre-tax dollars is returned to me, there may be tax consequences as a result of this refund.

**Signature and Notary**

Member Signature	Date
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State of Arizona )

)

County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared

\_\_\_\_\_(name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

(seal)

\_\_\_\_\_  
Notary Public